

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District R1
Lakes Class 1

| | | | | | | | |
|---|--------------------------|-------------------------------------|-------------------|---|--------|----------------------------------|---|
| I. APPLICATION INFORMATION (Please Print All Information) | | | | Soil Test No: <u>134-20</u> | | County Permit No: <u>21-0043</u> | |
| Property Owner's Name: <u>Jason and Stephanie Hotujec</u> | | | | County: <u>Bayfield</u> | | | |
| Address of Property: <u>19320 Mountain Ash Rd, Herbolster, WI 54844</u> | | | | Property Location: <u>1/4 1/4 S 31 T 51 N, R 06 E (or) W</u> | | | |
| Property Owner's Mailing Address: <u>5402 County Road 55, Nelson, WI 54756</u> | | | | Township: <u>Bell</u> | | Gov. Lot #: <u>3</u> | |
| City, State <u>Nelson, WI</u> | Zip Code <u>54756</u> | Phone Number <u>715-225-4453</u> | Lot # <u>3</u> | Block #: | CSM #: | CSM Doc # | Subdivision Name <u>Plat of Rocky Shores</u> |

| | | |
|--|--|-------------|
| II. TYPE OF BUILDING: (Check One) | | Tax ID#: |
| <input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>0</u> | | <u>8247</u> |

| | |
|--|--|
| III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable) | |
| A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____ | |
| B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____ | |

| | |
|---|--|
| IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above | |
| C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <u>300</u> gallons or <u>400</u> cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet | |

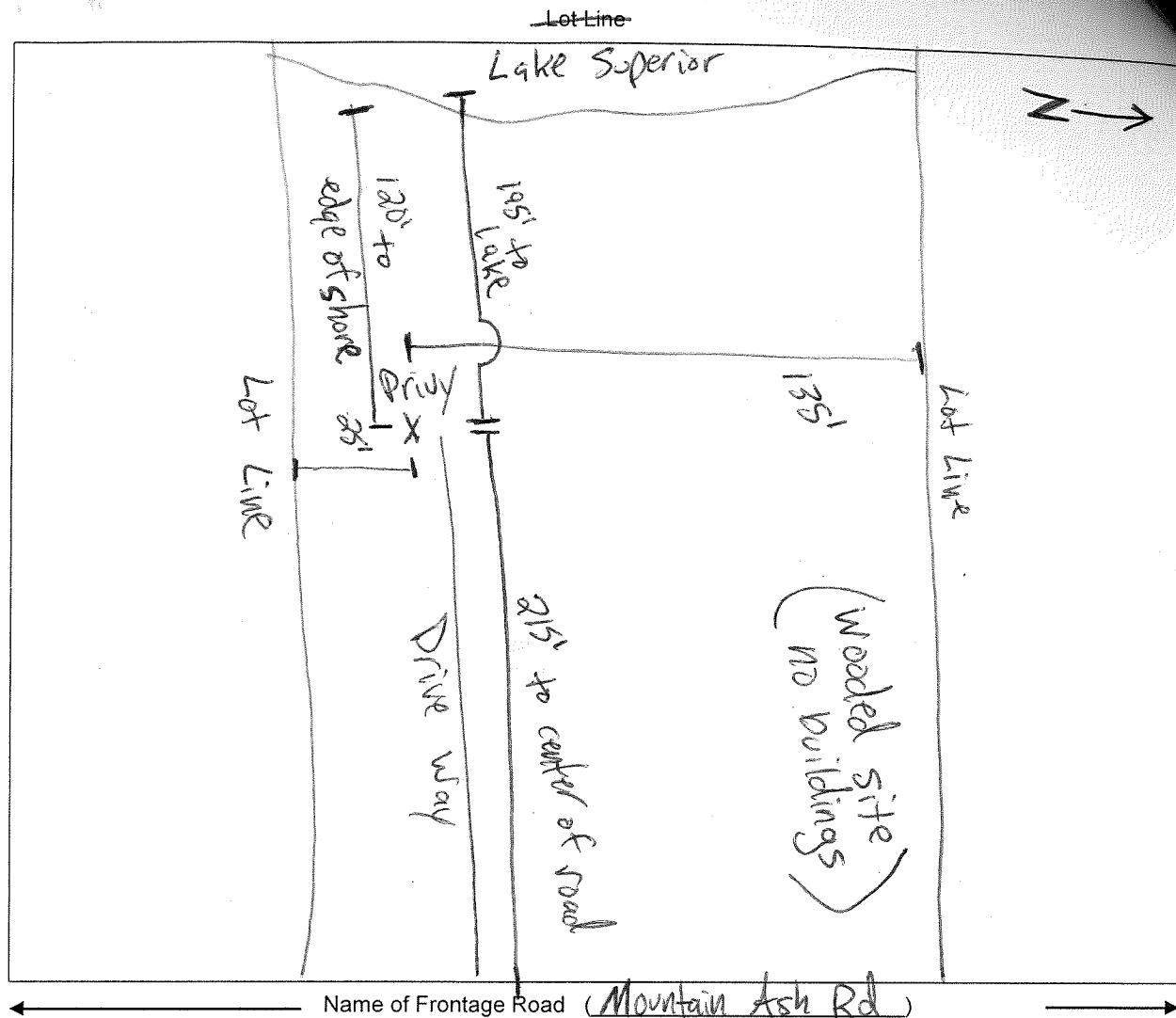
| | | | | | | |
|--|-----------------------------------|------------------------------------|--|---------------------------|-----------------------|-----------------------------|
| V. ABSORPTION SYSTEM INFORMATION: | | | | | | |
| 1. Gallons Per Day | 2. Absorp. Area Required (Sq.Ft.) | 3. Absorp. Area Proposed (Sq. Ft.) | 4. Loading Rate (Gals. / Day / Sq.Ft.) | 5. Perc. Rate (Min. Inch) | 6. System Elev.(Feet) | 7. Final Grade Elev. (Feet) |

| | | | | | | | | | | | |
|---------------------------------|---------------------|----------------|---------------|------------|---------------------|------------------|------------------|-------|---------------|---------|-------------|
| VI. TANK INFORMATION: | Capacity In Gallons | | Total Gallons | # of Tanks | Manufacturer's Name | Prefab. Concrete | Site Constructed | Steel | Fiber - glass | Plastic | Exper. App. |
| | New Tanks | Existing Tanks | | | | | | | | | |
| Septic Tank or Holding Tank | <u>Y</u> | | <u>300</u> | <u>1</u> | <u>Huffcutt</u> | <u>Y</u> | | | | | |
| Lift Pump Tank / Siphon Chamber | | | <u>400</u> | | | | | | | | |

| | | |
|--|---|-----------------------|
| VII. RESPONSIBILITY STATEMENT: | | |
| I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans. | | |
| Owner's Name(s): (Print) If applying for Section C above <u>Jason and Stephanie Hotujec</u> | Owner's Signature(s): (No Stamps) <u>Jason Hotujec</u> | |
| Plumber's Name: (Print) If applying for Section A or B) above | Plumber's Signature: (No Stamps) | MP/MPRSW No: <u>0</u> |
| Plumber's Address: (Street, City State, Zip Code) | Home Phone: | Business Phone: |

| | | | |
|--|--|---|--|
| VIII. COUNTY / DEPARTMENT USE ONLY | | | |
| <input checked="" type="checkbox"/> Approved <u>3-30-21</u> | <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination | Sanitary Permit/Transfer Fee: <u>\$150 3-12-21</u> | Date Issued: <u>3-31-21</u> Issuing Agent's Signature / Date: <u>Todd Norwood 3-30-21</u> |

| | |
|---|--|
| IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: | |
| <u>Maintain privy conditions per recorded privy agreement.</u> <u>Vault must be pumped by a licensed septic hauler when full.</u> <div style="text-align: right;">Plot Plan on reverse side</div> | |



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures.

6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

a. Building to all lot lines NA

b. Building to centerline of road NA

c. Building to lake, river, stream or pond NA

d. Septic / holding tank to closest lot line NA

e. Septic/holding tank to building NA

f. Septic / holding tank to well NA

g. Septic / holding tank to lake, river, stream or pond NA

h. Privy to closest lot line OK

i. Privy to building NA

j. Privy to lake, river, stream or pond OK

k. Drain field to closest lot line NA

l. Drain field to building NA

m. Drain field to well NA

n. Drain field to lake, river, stream or pond NA

o. Well to building NA

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **X**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0043** Issued To: **Jason & Stephanie Hotujec**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **31** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot **3** Lot **3** Block Subdivision **Plat of Rocky Shores CSM#**

For: **Residential Other: [400 – Gallon Huffcutt; Vaulted Privy]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Conditions per recorded privy agreement. Vault must be pumped by a licensed septic hauler when full.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

March 31, 2021

Date